Under the Paperwork Reduction Act of 1995,

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/585,035		Filing Date 07/12/2007		To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
Н	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b), (or (e))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i), o		N/A		N/A		N/A		1	N/A	
	EXAMINATION FE (37 CFR 1 16(o), (p), e		N/A		N/A		N/A		1	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =				x \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•		X \$ =		1	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	gs exceed 100 on size fee due for each n thereof. See CFR 1.16(s).							
	MULTIPLE DEPEN	7 CFR 1.16(j))]			1					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY			
AMENDMENT	03/14/2012	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	· 33	Minus	40	= 0	1	x s =		OR	X \$60=	0
	Independent (37 CFR 1,16(h))	· 2	Minus	4	- 0	1	X \$ =		OR	X \$250=	0
	Application Size Fee (37 CFR 1.16(s))								Г		
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(1))		Minus		-	1	X \$ =		OR	X \$ =	
	Independent (37 OFR 1 16(h))		Minus	***	-	1	X \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))					1			1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write *0" in column 3. **If the *Highest Number Previously Paid For In *THIS SPACE is less than 3, enter *20". **If the *Highest Number Previously Paid For In *THIS SPACE is less than 3, enter *3". The *Highest Number Previously Paid For If Cotal or independent) is the highest number found in the appropriate box in column 1.											

This collection of Information is equined by 37 CFR 1.16. The Information is required to obtain or retain a bornell by the public within it to 16 figured by the USETO to process all an application. Confidentiality is governed by 80 LS C. 122 and 37 CFR 1.14. This recollection is estimated to these 12 minutes to complete inclination from to the USETO. Time will vary depending upon the individual case. Any comments on the sensor of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Chile Information Office. U.S. Patient and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandris, VA 22/13-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissionment for Patients, P.O. Box 1450, Alexandris, VA 22/13-1450.